

2010 MAINE INDIVIDUAL INCOME TAX

1040S-ME RESIDENT **SHORT** FORM





STEP 1 Print Neatly in Blue or Black Ink, Using Upper Case Letters, DO NOT USE RED INK

	irst Name	MI	IMPORTANT! You must enter your SSN(s) below.				
Your La	ast Name		. o aao. oo. y o o	00(0	, 50.011.		
			ur Social Security Nu	mber			
Spouse	e's First Name	MI	ouse's Social Securi	y Numbe	ar		
Spouse	e's Last Name		ouse's Social Securi	.y 14011100			
		Home I	Phone Number				
Mailing	g Address (PO Box, number, street and apt. no))A/I					
City	State Zip Code	vvork P	Work Phone Number				
				- <u>-</u>			
	NOTE: If aither angues is described onto the date of death on the heak of this pa	go in the energy pr	ravided above the sign	oturo oro			
	NOTE: If either spouse is deceased, enter the date of death on the back of this particular Street Provided Fundamental Fund						
	Maine Clean Election Fund. Maine Residents Only. Check here if you, or your spouse, if filing jointly, want \$3 to go to this fund You Spouse		you were engaged in PERHING during 201				
	FILING STATUS (Check one)						
Status	3 Single	o CHECK IE.	Vall	Smarrar			
	4 — Married filing joint return (Even if only one had income)		8 CHECK IF:	You <u>were</u>	Spouse <u>was</u>		
STEP 2 Your Filing	5 Married filing separate return. Enter spouse's social security number and	65 or over8a		8c			
Φ	6 Head of household (With qualifying person)						
Indicat	7 Qualifying widow(er) with dependent child	<i>Blind</i> 8b		8d			
	(Year spouse died)						
STEP 3 Enter Your Exemptions							
STE Enter	9 Enter the TOTAL number of EXEMPTIONS claimed on your federal return			9			
	10 FEDERAL ADJUSTED GROSS INCOME. (See instructions on page 3 for line	references					
	to federal forms. If negative, enter a minus sign in the space to the left of the number.) 10						
	11 MAINE PUBLIC EMPLOYEES RETIREMENT SYSTEM CONTRIBUTIONS. (See in			. 00			
соте	12 U.S. GOVERNMENT BOND INTEREST included in your federal adjusted gross		1 1	. 00			
ole Incom	13 SOCIAL SECURITY AND RAILROAD RETIREMENT BENEFITS included in y adjusted gross income			0.0			
EP 4 Taxa					1.00		
STEP 4 Calculate Your Taxabl	14 PENSION INCOME DEDUCTION. (See instructions and worksheet on page 8)			.00			
	15 MAINE ADJUSTED GROSS INCOME. (Add lines 10 and 11, subtract lines 12,			0.0			
	If negative, enter a minus sign in the space to the left of the number)	15		1 1	00		
	16 STANDARD DEDUCTION. (See instructions on page 3)	1	16		.00		
	47 EVENDTION (Multiply graph or of expensions on line O by \$2.050)		4.7		0.0		
	17 EXEMPTION. (Multiply number of exemptions on line 9 by \$2,850)18 TAXABLE INCOME. (Line 15 minus lines 16 and 17.	17	1 1	00			
	If negative, enter a minus sign in the space to the left of the number.)	18		.00			
	19 INCOME TAX. (Find the tax for the amount on line 18 in the tax table on pages						

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	20	INCOME TAX. (From line 19. p.	age 1)		20,00				
STEP 5 Calculate Your Tax and Voluntary Contributions	21 LOW-INCOME CREDIT. If the amount on line 18 is \$2,000 or less and neither you not spouse (if married) are claimed on another person's return, enter the amount on line 20 NOTE: You are not required to file a return if you qualify for this credit. (See instructions)			or less and neither you nor your, enter the amount on line 20 here					
	22	EARNED INCOME TAX CREDIT	(EIC). Your federal EIC \$	x .04. Enter result here	22,00				
	23	NET INCOME TAX. Line 20 mi	nus lines 21 and 22 (If less	than zero, enter zero)	23,00				
	24 MAINE INCOME TAX WITHHELD. (Enclose W-2 and 10 (DO NOT include estimated tax payments)			9 forms)	.⇒24,00				
	25 OVERPAYMENT. If line 24 is larger than line 23, subtract line26 UNDERPAYMENT. If line 23 is larger than line 24, subtract line			ne 23 from line 24. Enter result here	25,00				
				ne 24 from line 23. Enter result here	26,00				
	27	USE TAX (SALES TAX). (See	nstructions)		27,00				
	27a SALES TAX ON CASUAL RENTALS OF LIVING QUARTERS. (See instructions) 27a00								
	28	TOTAL VOLUNTARY CONTRI Schedule CP, line 14)	BUTIONS AND PARK PAS	SS PURCHASES. (From	28,00				
STEP 6 Calculate Your Refund or Amount Due	29 REFUND. (Line 25 minus lines 27, 27a and 28) - NOTE: If total of lines 27, 27a and 28 is greater than line 25, subtract line 25 from the total of lines 27, 27a and 28 and enter the amount on line 31 below.								
	IF YOU WOULD LIKE YOUR REFUND DEPOSITED DIRECTLY TO YOUR BANK ACCOUNT (\$10,000 or less) OR TO A NEXTGEN COLLEGE INVESTING PLAN® ACCOUNT, read the instructions on page 4 and fill out the information below.								
	refu acc	ind will go to an ount outside the	*For NextGen Accounts, er		30c Type of Account: Checking Savings NextGen®				
	*For NextGen Accounts, enter the account owner's 9-digit social security number (do not enter hyphens).								
Calcula	31 AMOUNT DUE. Line 26 plus lines 27, 27a and 28. (OR If total of lines 27, 27a and 28 is greater than line 25, subtract line 25 from the total of lines 27, 27a and 28). (If \$1,000 or more, see instructions.) Enter result here31 EZ PAY at www.maine.gov/revenue or ENCLOSE CHECK payable to: Treasurer , State of Maine. DO NOT SEND CASH.								
	32	See instructions on page 4 for	information about the Tax a	eceive a Maine Residents Property Tax and Rent "Circuitbreaker" Program. e on line 15 exceeds the income	THE APPLICATION WILL BE				
	If taxpayer is deceased, enter date of death. (Month) (Day) (Year) If spouse is deceased, (Month) (Day) (Year) enter date of death. (Month) (Day) (Year) enter date of death.								
Third Pa	-	Do you want to allow another ne	rson to discuss this return	with Maine Revenue Services?	Yes (complete the following) No.				
Designe (See pag				Personal identification #:					
Under pe	enaltie	s of perjury, I declare that I have e correct and complete. Declaratio	xamined this return and acco	ompanying schedules and statemen xpayer) is based on all information	ts, and to the best of my knowledge and belief, of which preparer has any knowledge.				
SIGN	5	>							
HERE Keep a copy of		Your Signature		Date signed	Your occupation				
this return for your records	rn —	Spouse's signature (if joint return, k	oth must sign)	Date signed	Spouse's occupation				
Paid Preparer	's	Preparer's signature		Date	Preparer's phone number				
Use Only		Print preparer's name and name of business			Preparer's SSN or PTIN				
_	If requesting a <u>REFUND</u> , mail to: Maine Revenue Services, P.O. Box 1066, Augusta, ME 04332-1066 If <u>NOT</u> requesting a refund, mail to: Maine Revenue Services, P.O. Box 1067, Augusta, ME 04332-1067 DO NOT SEND PHOTOCOPIES OF RETURNS				Payment Injured Plan Spouse —				